N.A.R. Extrication Vest

USER MANUAL

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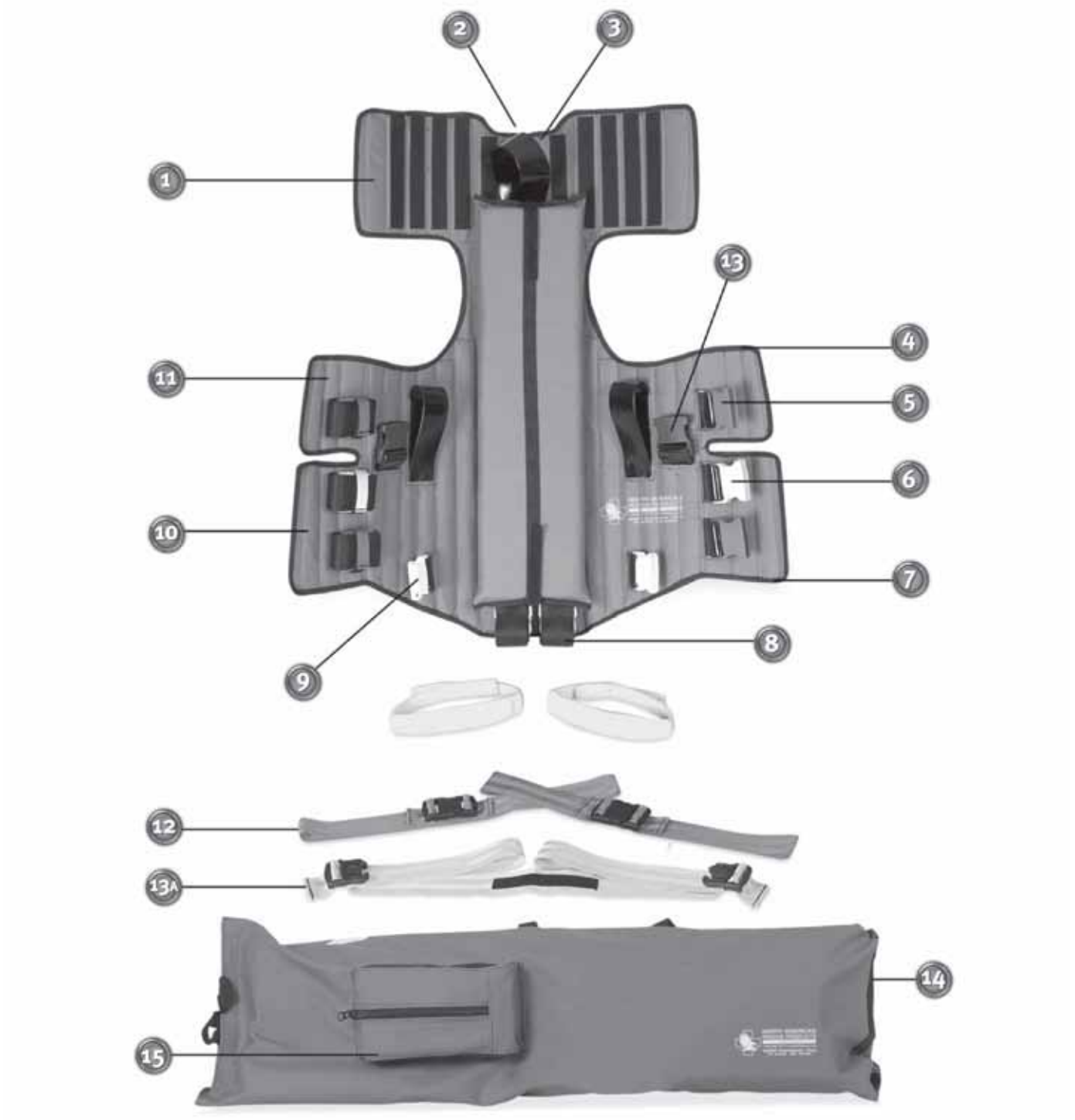
1. Head piece is one slat wider, to provide better securing of a patient's head that may be a little more forward than normal. There is no "hook" tape on the first slat, so it will be more comfortable on the side of the patient's face, if it is turned in. Adhesive tape will stick to the slat easier and more securely.
2. The top of the head piece dips down (notch) in the center, providing better access to the back of the patient's head.
3. There are three center slats, providing stronger vertical stability while not adding any more total weight to the device.
4. At the top of the two chest flaps, the first two slats on each side turn back independently to accommodate electrode pads and to help secure larger busted patients.
5. The longer strap with the male buckle comes from the left side of the chest piece. If the device was stored correctly, the straps will not tangle behind the patient during placement.
6. The buckles are color coded, so it will be easier to see which buckle the rescuer has in his/her hand.
7. The body of the device is wider at the bottom, to provide coverage of wider torsos, and distribute the p.s.i. force of the lower chest strap.
8. The two long leg straps w/male white buckles are sewn closer together, so as to be in a more anatomically correct position to pass midline from back to front. The rescuer no longer needs to decide either to place straps "criss-cross" or "same side"
9. The two white female buckles for the leg straps are better positioned for easier location and anatomically correct usage.
10. The sewn in static webbing is coated to prevent absorption of fluids, making cleaning of the device easier.
11. The side flap slats/stiffeners are made of HDPE, so that they provide increased strength to place the Extrication Vest behind the patient, yet enough flex to conform and contour to the patient's body shape, providing better contact and patient comfort.
12. Two additional straps (orange) are provided to be used in a standing takedown maneuver.
13. Deceleration Receptacles (blue) and a shoulder strap (yellow) are incorporated to better secure the patient's shoulders back. Sometimes referred to as a "deceleration" strap (13A). It may be placed over each shoulder and buckled.
14. The carry bag is vented to help keep the device drier while stored.
15. The extra straps and the chin/forehead strap set are stored in a conveniently located and vented pouch on the side of the carry bag.

N.A.R. Extrication Vest

N.A.R. Extrication Vest	Product No.	Replacement Accessories
N.A.R. Extrication Vest	50-0022 (Black)	Replacement Accessories
		Head and Chin Straps
		Deceleration & Take down straps
		Folding Pad
		Carry Case



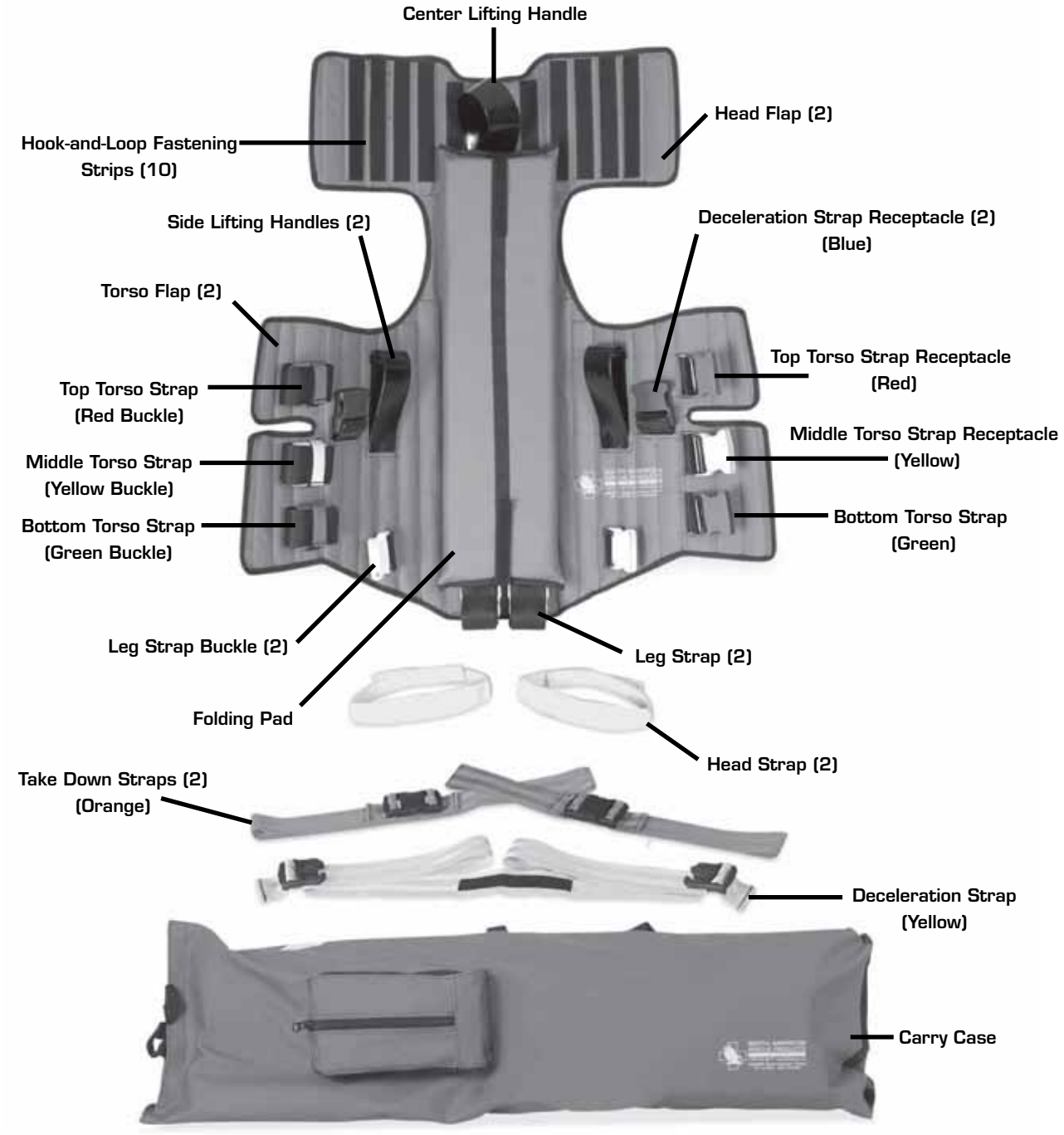
1- ABOUT THE N.A.R. EXTRICATION VEST

1.1 General Specifications

	Length	Width	Thickness	Weight*	Load Limit
Opened flat	32 in (81.28 cm)	34 in (86.36 cm)	1 in (2.54 cm)	8 lb, 14.4 oz (4.04 kg)	500 lb (227 kg)
Rolled, In Case	33.5 in (85.09 cm)	9.5 in (24.13 cm)	6 in (15.24 cm)		

* Weight includes restraints, pad, head straps, carry case, take down straps, and deceleration straps.

1.2 Components (outside view with straps in storage configuration)



2- About the N.A.R. Extrication Vest Features

2.1 Torso Straps

The N.A.R. Extrication Vest is constructed with three torso straps: top, middle, and bottom. The straps are color coded for easy matching of left and right pieces (Fig. 1).

When wrapping the N.A.R. Extrication Vest torso flaps around the patient, fasten the middle (Yellow) strap first, then the bottom (green) strap. Do not fasten the top (red) strap until just before you are ready to transfer the patient to a long spine board.

THE MIDDLE STRAP

The middle (yellow buckle) strap is the first strap to be fastened (Fig. 2).

When fastening the strap initially, snug it until there is space for 2 or 3 fingers laid flat between the strap and the patient's torso. You will tighten the strap just before transferring the patient to a spine board.

The middle strap evenly secures the greatest possible area of the N.A.R. Extrication Vest, providing the greatest patient stability while you finish applying the N.A.R. Extrication Vest.

If the rescue situation or the patient's condition requires that you remove the patient from the vehicle sooner than anticipated, the stability provided by the N.A.R. Extrication Vest with only the middle strap fastened, and properly tightened, may be preferable to using no supporting equipment. Follow your medical advisor's protocols.

THE BOTTOM STRAP

The bottom (green buckle) strap is the second strap fastened (Fig. 2).

When fastening the strap initially, snug it until there is space for 2 or 3 fingers laid flat between the strap and the patient's torso. You will tighten the strap just before transferring the patient to a spine board.

THE TOP STRAP

Do not fasten the top (red buckle) strap at this time. Leave the top strap unfastened until you are ready to transfer the patient to the long spineboard. This allows the patient to breathe more freely while you finish applying the N.A.R. Extrication Vest.

Figure 1- Torso Straps (As folded Storage)

Figure 2- MIddle and Bottom straps fastened

2.2 Leg Straps

The leg straps secure the pelvis to the lower portion of the N.A.R. Extrication Vest to stabilize the lower lumbar area.

The N.A.R. Extrication Vest leg straps can be fastened in a "criss-cross" configuration or a "same-side" configuration, depending on the patient's condition.

The leg straps are most commonly used "criss-cross" style (Fig. 3). For this configuration, pass the straps under the patient's legs and buckle the left strap at the right side of the N.A.R. Extrication Vest and the right strap at the left side of the N.A.R. Extrication Vest.

Figure 3- Leg strap applied in "Criss-Cross" Configuration

If groin injury is suspected, you can use the straps in the "same-side" configuration to reduce pressure on the groin area. Pass the straps under the legs and buckle the left strap at the left side of the N.A.R. Extrication Vest and the right strap at the right side of the N.A.R. Extrication Vest.

Whether using the "criss-cross" or "same-side" configuration, you must position the straps as close as possible to the body's midline. When buckled straps are correctly positioned, they run straight down from their anchoring points on the back of the N.A.R. Extrication Vest (Fig. 4) before passing beneath the buttocks.

Figure 4- Back view of leg straps when correctly positioned close to the body's midline

2.3 Head Pad (Folding-Pad)

The foam-filled folding pad can be used to fill the gap that may exist between the N.A.R. Extrication Vest and any of these areas: head, cervical collar (or neck, if no cervical collar is used), shoulders.

The patient's medical condition, body structure, and head shape determine the need for padding. Most patients, when properly positioned in the N.A.R. Extrication Vest, will not need padding but when you do use it, follow your medical advisor's protocols.

If you need to apply the folding pad:

1. Determine whether to use the pad single thickness or folded.

2. Slide the pad between the N.A.R. Extrication Vest and the patient (Fig. 5). Depending on the patient's injuries, body structure, and head shape, the pad may be positioned behind the head only, behind the head and neck area, or behind head, neck area, and the tops of shoulders.

Always take care to pad without hyperextending or flexing the patient's neck

3. Secure the patient's head with the head straps (See Head Straps, Page 7).

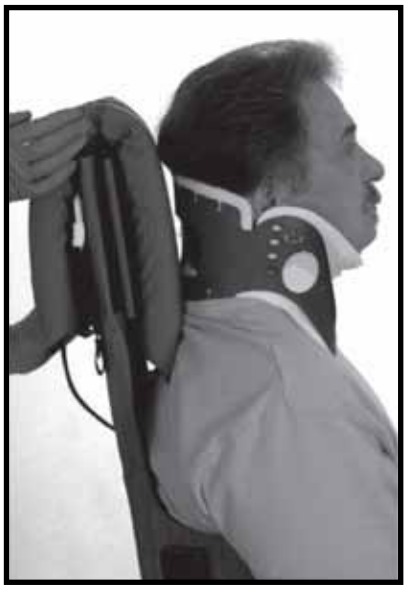


Figure 5- Postioning the Folding Pad

2.4 Lifting Handles

The N.A.R. Extrication Vest is constructed with three lifting handles (Fig. 6). Use the handles when adjusting the N.A.R. Extrication Vest's vertical position on the patient during extrication.

Figure 6- N.A.R. Extrication Vest Lifting Handles

The top lift handle serves as an extension of the leg straps and offers a firm hold for vertical lift or horizontal pull to get the patient in position to extricate.

During extrication, the handles provide a firm hold on the patient and the N.A.R. Extrication Vest as a single unit, minimizing chances of losing control or dropping the patient during extrication.

2.5 Head Straps

Two identical head straps are provided to secure the N.A.R. Extrication Vest head flaps in place. They can also be used to secure the N.A.R. Extrication Vest when using it as a splint.

APPLYING THE UPPER STRAP

Grasp the strap with both hands (Fig. 7) and turn the center pad fully inside-out, exposing the inside (Fig. 8).

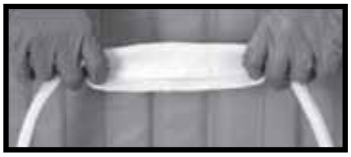


Figure 7- Exposing the Center Pad Rubber

Center the pad at the patient's eyebrows. Position the strap ends at a downward angle and secure them to the fastening strips on the N.A.R. Extrication Vest head flaps (Fig. 9).

Figure 8- Exposing the Center Pad Rubber

APPLYING THE LOWER STRAP

Two methods for applying the lower strap are provided in the next column. There are alternate methods. Use and secure the strap according to your medical director's protocol.

Figure 9- Head Straps in place

One method for applying the lower strap when using a rigid cervial collar is shown in Figure 10:

1. Place the strap against a rigid area beneath the "Chin" of the cervical collar.
2. Position the strap ends horizontally, or just above the horizontal, and secure them to the fastening strips on the head flaps.

A method for applying the lower strap to the patient's chin area, with or without a cervical collar, would be:

1. Grasp the strap with both hands and turn the center pad fully inside-out.
2. Place the strap over the patient's chin.
3. Position the strap ends horizontally and secure them to the fastening strips on the head flaps.

Make sure the strap placement does not prevent the patient from opening his/her mouth.

2.6 Buckling the top strap and making final strap adjustments

When the long spine board and ambulance cot are perpared and waiting, it is time to buckle the top strap and make the final adjustments to the other straps.

The purpose of the adjustments is to make sure the N.A.R. Extrication Vest is firmly in place from the lower spine to the head, and is positioned high up under the armpits to prevent movement during extrication.

Figure 10- The N.A.R. Extrication Vest Applied

Finish applying the N.A.R. Extrication Vest as follows:

1. Remove the top (red) buckle strap from its holder and buckle it. Tighten the strap to the chest using the feed-and-pull technique.
2. Check and tighten the middle (yellow buckle) strap.
3. Check and tighten the bottom (green buckle) strap.
4. Check and tighten the leg (white buckle) straps.

the proper applied N.A.R. Extrication Vest will look as illustrated in Figure 10.

3- USING THE N.A.R. Extrication Vest

3.1 General protocols for use

This manual illustrates use of the N.A.R. Extrication Vest in an ideal setting. Other, and sometimes unusual, settings and circumstances will occur in the field and the N.A.R. Extrication Vest can be adapted to many of them. It is the responsibility of qualified Emergency Medical Service personnel to assess the patient's condition and determine the proper equipment and procedures to use.

• Follow your medical director's protocols when using the N.A.R. Extrication Vest.
In situations where there are only two or three trained operators available, one operator manually stabilizes the head and neck while the other(s) applies the N.A.R. Extrication Vest

• Follow the standard emergency patient handling procedures when using the N.A.R. Extrication Vest.

• Maintain manual stabilization of the patient;s head and neck until the patient is properly secured on a long spine board.

• After applying the N.A.R. Extrication Vest and transferring the patient to the spine board, secure the patient to the spine board with restraints.

WARNING

An unattended patient can be injured.
Stay with the patient at all times.

• Stay with the patient at all times

3.2 Applying the cervical colar

Apply the cervical colar according to local protocols and the manufacturer's instructions.

Maintain manual stabilization of the patient's head and neck until the patient is properly secured on a spineboard.

Figure 11- Applying the Cervical Collar

In figure 11, one operator holds the patient's head and neck in neutral alignment while the other operator applies the cervical collar.

3.3 Removing the N.A.R. Extrication Vest from the carry case

The N.A.R. Extrication Vest carry case is designed for quick removal of the N.A.R. Extrication Vest as follows:

1. Stand the carry case containing the N.A.R. Extrication Vest on end with the open end of the case facing upward. Where the case meets the ground, there will be a left and right "dog ear" (Fig. 12).

2. Place your foot on one of the "dog ears" to hold the case in place while you pull the N.A.R. Extrication Vest out of the case (Fig. 12)

3. Unroll the N.A.R. Extrication Vest and lay the folding pad and head straps aside.

Figure 12- Removing the N.A.R. Extrication Vest from its carry case

3.4 Placing the N.A.R. Extrication Vest behind the patient

The instructions below allow operators to use the N.A.R. Extrication Vest design features to their best advantage.

1. Be aware of articles (wallet, belt, etc.) that could interfere with sliding the N.A.R. Extrication Vest between the patient and the vehicle seat.
2. With the buckles toward the seat, grasp the N.A.R. Extrication Vest at the top of the head flap and the top corner of the torso flap closest to the patient.
3. Tilt the N.A.R. Extrication Vest at about a 45 degree angle and slide it behind the patient (Fig. 13).

Note: Use the N.A.R. Extrication Vest vertical rigidity as an aid when sliding the N.A.R. Extrication Vest behind the patient. Tilting the N.A.R. Extrication Vest at a 45 degree angle provides a rigid leading edge to slip between the patient and the seat. This prevents the N.A.R. Extrication Vest from rolling up and allows the N.A.R. Extrication Vest to clear the vehicle roofing.

4. The operator and assisting operator(s) work the N.A.R. Extrication Vest down between the patient and the seat and then into the vertical position (Fig. 14). Work the N.A.R. Extrication Vest far enough down to clear the vehicle roofline and be positioned behind the patient's head when the N.A.R. Extrication Vest is tipped to the vertical.

Note: The third operator may move the patient forward just enough to reduce friction so the N.A.R. Extrication Vest slides smoothly between the patient and seat. To avoid jostling the patient's head, coordinate this effort with the operator stabilizing the head.

5. Use the lift handles to center the N.A.R. Extrication Vest behind the patient.
6. If you are going to use the leg (white buckle) straps, remove them from the fastening strips at the top of the N.A.R. Extrication Vest (Fig. 15). Slide them clear of the N.A.R. Extrication Vest and lay them within reach (Fig. 16).

Figure 13- Sliding the N.A.R. Extrication Vest at an angle

Figure 14- Centering the N.A.R. Extrication Vest

Figure 15

Figure 16

Releasing a leg strap

3.5 Wrapping and positioning the N.A.R. Extrication Vest

1. Wrap both torso flaps around the patient's torso, lifting the patient's arms only as much as needed to slide the flaps beneath them.

2. Use the lift handles to raise and adjust the N.A.R. Extrication Vest until the top edges of the torso flaps press firmly into the armpit area. You can also use the lift handles to keep the N.A.R. Extrication Vest in place until the straps can be buckled (Fig. 17).

If using three operators, the two side operators lift the N.A.R. Extrication Vest with the side straps.

IMPORTANT

It is important to pull the N.A.R. Extrication Vest up snugly under the armpits to make sure the patient's weight is suspended. This will reduce the possibility of the patient slipping downward later when he/she is lifted or maneuvered.

3. Before beginning to fasten the straps, make sure the parient is sitting back against the N.A.R. Extrication Vest as full as his/her body structure and condtion allow.

To check and adjust the patient's position, the operator behind the patient holds the patient's head in alignment while a side operator gently presses on the patient's chest area below the cervical collar.

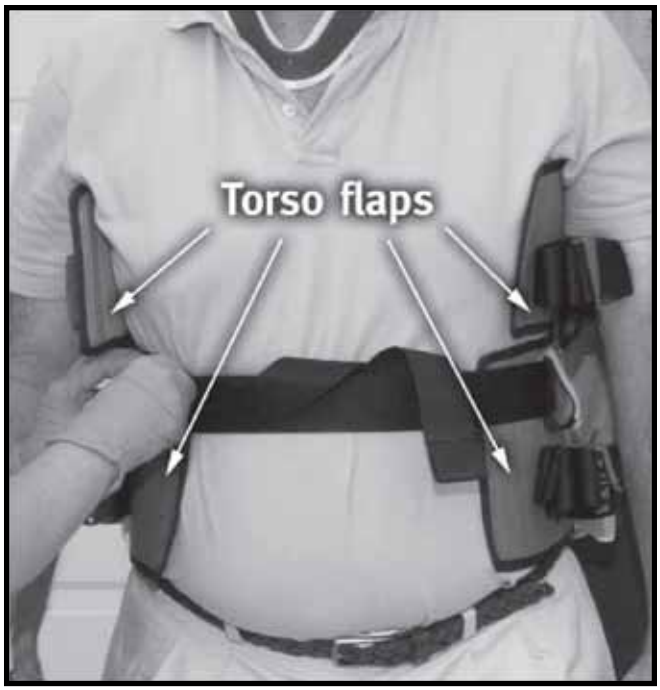


Figure 17- Wrapping the Torso Flaps around the patient

BE AWARE

Positioning the patient as fully as possible against the N.A.R. Extrication Vest minimizes the need for padding between the patient's head and the N.A.R. Extrication Vest. But be aware that some patients may not be able to sit fully back into the N.A.R. Extrication Vest.

3.6 Transferring the patient to the long spine board

The technique described below for transferring the patient to the long spine board involves turning patient with his/her back toward the midline of the vehicle. In many situations, this may be the most effective technique for preventing lower spine torque.

Alternative techniques have been developed and are in use. Follow your medical director's protocols when choosing a technique.

BE AWARE

Be sure to maintain the patient's body angle and a straight midline as you turn the patient to position his/her back toward the inside of the vehicle.

TRANSFERRING THE PATIENT TO THE LONG SPINE BOARD

1. Two operators grasp the side handles of the N.A.R. Extrication Vest and turn/tilt/lift the patient until his/her back is toward the inside of the vehicle (Fig. 18).

2. Grasping the side handles of the N.A.R. Extrication Vest and holding the patient under the knees, lift the knees enough to allow third operator to slide the long spine board between the patient and the seat (Fig. 19). Then lower the patient onto the spine board.

Note: Slide the head-end of the spine board as close as possible to the far side of the seat so that the patient will become properly positioned on the board when you lift the knees.

3. Lift the spine board and the patient out of the vehicle and place them on the ambulance cot (Fig. 20).

4. Immediately loosen the top (red) torso strap to allow the patient more chest expansion.

Note: Keeping the remaining straps tightened provides stability for the patient during the starts, stops, and corners of the ambulance ride to the hospital.

5. Tighten leg straps if necessary. Properly applied leg straps will loosen when the patient is placed supine on the spine board.

6. Secure the patient on the spine board with the spine board restraints.

7. Secure the spine board on the cot with the cot restraints.

Figure 18- patient pivoted with back toward inside of vehicle

Figure 19- Lifting the patient to position the long spine board

Figure 20- placing patient and long spine board on ambulance cot

4- Special Situations

4.1 General protocols

When necessary, the N.A.R. Extrication Vest can be adapted for use in special situations and circumstances. Some possible adaptations are presented in this section. Follow your medical director's protocol for adapting the N.A.R. Extrication Vest.

4.2 Adapting the N.A.R. Extrication Vest for a pregnant patient

When applying the N.A.R. Extrication Vest to a pregnant patient, fold two slats inward on each torso strap to leave the abdomen exposed.

Strap configuration will depend on the patient's abdomen and breast size. Generally, straps can be positioned to lay beneath the breasts but above the abdomen. Two possible configurations are described in this subsection.

USING TWO STRAPS

Fasten the bottom (green buckle) strap in the middle (yellow) buckle and the middle (yellow buckle) strap in the bottom (green buckle) strap (Fig. 21).

Figure 21- Two Strap Configuration

USING ALL THREE STRAPS

Fasten the middle (yellow buckle) strap in its own buckle. Fasten the bottom (green buckle) strap in the top (red buckle) strap in the bottom (green buckle) strap (Fig. 22).

Figure 22- Three Strap Configuration

4.3 Adapting the N.A.R. Extrication Vest for a pediatric patient

The patient's size and condition determine how the N.A.R. Extrication Vest can be adapted for a child.

In this example of one possible method, the child's legs are longer than the N.A.R. Extrication Vest so the N.A.R. Extrication Vest and child are placed on a long spineboard.
A folded blanket is placed on the child so the torso flaps can be wrapped around and fastened normally (Fig. 23).

Figure 23- Applying the N.A.R. Extrication Vest to a child

4.4 Adapting the N.A.R. Extrication Vest for angulated neck

When it is not desirable to straighten the patient's neck, fold the head flaps inward. Position a rolled towel as needed, then place a head strap across the patient's fore-head and secure the strap to the N.A.R. Extrication Vest fastening strips (Fig. 24).

Figure 24- Applying the N.A.R. Extrication Vest to an angulated neck

4.5 Adapting the N.A.R. Extrication Vest for use with monitoring systems.

Folding two slats of each torso flap inward provides more chest exposure when needed. Loosening two of the three chest straps allows defibrilation without losing immobility (Fig. 25).

Figure 25- Adapting the N.A.R. Extrication Vest for use with a monitoring system

4.6 Adapting the N.A.R. Extrication Vest for use as a splint

The N.A.R. Extrication Vest can be used as a splint for pelvic stabilization and hip and/or femur stabilization. Two possible methods of adaptation are shown here.

HIP AND/OR FEMUR STABILIZATION

The N.A.R. Extrication Vest and patient are placed on a long spine board with the head portion of the N.A.R. Extrication Vest toward the foot end of the board.

The torso portion of the N.A.R. Extrication Vest is positioned a little above the waist and centered. The torso flaps are secured around the patient's pelvic area and the head flaps are wrapped around both the patient's leg and secured with the N.A.R. Extrication Vest head straps (Fig. 27).

Figure 26- Stabilizing the Hip and/or Femur

PELVIC STABILIZATION

The N.A.R. Extrication Vest and patient are placed on a long spine board with the head portion of the N.A.R. Extrication Vest toward the foot end of the board.

The torso portion of the N.A.R. Extrication Vest is positioned a little above the waist and centered. the torso flaps are secured around the patient's pelvic area and the head flaps are wrapped around both the patient's legs and secured with the N.A.R. Extrication Vest head straps (Fig. 27).

Figure 27- Stabilizing the Pelvis

4.7 Using the N.A.R. Extrication Vest with an Anti-Shock Garment

The N.A.R. Extrication Vest will not interfere with, or limit the use of, a pneumatic anti-shock garment (Fig. 28).

Figure 28- Using the N.A.R. Extrication Vest with an Anti-Shock Garment

5- Take down and Deceleration Straps

5.1 Take Down Straps

The orange take down straps are to be used when you encounter a patient that has already extricated themselves from the crashed vehicle or from the accident scene and is standing upright complaining of cervical pain or tenderness.

STANDING PATIENT BACKBOARDING

1. Maintain control of the patient, while placing a cervical collar
2. One rescuer approaches the patient from behind with the N.A.R. Extrication Vest and wraps it around the patient.
3. The rescuer in front pulls the flaps under the patient's arms and around the front (Fig. 29).
4. The middle (yellow buckle) strap is fastened and tightened. The other straps may be used, if the patient warrants additional securing (Fig. 31).
5. Place a long spine board against the N.A.R. Extrication Vest and patient.
6. Place one strap (orange with black buckles) through each of the two side handles on the N.A.R. Extrication Vest (Fig. 31).
7. Pass each of the straps through a high hand hold on the long board (Fig. 31).
8. Snap the male and female buckles together (Fig. 31).
9. Tighten the straps until the N.A.R. Extrication Vest is carrying the weight of the patient (Fig. 32).
10. One rescuer stands on each side of the long board (Fig. 33).
11. Place one hand through the hand hold at the patient's arm pit area.
12. Place one hand beneath the patient's buttocks area (Fig. 33).
13. In one controlled motion, each rescuer takes one step in the head direction as the board is lowered and leveled. Note: Be mindful of your back as the board tilts, because the patient's full weight will be in your hands (Fig. 34).
14. Place the patient on the ground for additional strapping or place them directly on your cot for securing.

Figure 29

Figure 30

Figure 31

Figure 32

Figure 33

Figure 34

5.2 Deceleration Strap

This is the yellow strap that has a piece of hook and loop sewn to it in the middle (Fig. 35). This strap is used when the N.A.R. Extrication Vest is in place with the patient fully immobilized. The strap is attached to the back of the N.A.R. Extrication Vest utilizing the hook and loop on the strap and the corresponding hook and loop on the back of the N.A.R. Extrication Vest (Fig. 36). The strap is then draped over the shoulders of the patient and fastened into the corresponding color coded buckles on the front (turned upward toward the head) of the N.A.R. Extrication Vest. Once fastened, the straps should be tightened to pull the shoulders of the patient into the device and straightening the upper torso.

Shoulder (Deceleration) Strap

1. Place the shoulder strap around the back of the N.A.R. Extrication Vest, even with the top of the shoulders (Fig. 36).

2. Bring the strap forward and over the shoulders (Fig. 37). Note: Do not cross the straps on the front of the patient, they cross too high, and tend to choke the patient (Fig. 38).

3. Insert the female buckle into the corresponding male buckle (Fig. 39).

4. Tighten the straps to a “snug” fit, do not overtighten (Fig. 40)

Front and rear view of N.A.R. Extrication Vest after application of the deceleration strap (Fig. 41 and 42).

(Note: Image subject is lightened slightly to enhance visibility of straps)

Figure 35

Figure 36

Figure 37

Figure 38

Figure 39

Figure 40

Figure 41

Figure 42

6- STORING THE N.A.R. EXTRICATION VEST

6.1 Storing the N.A.R. Extrication Vest

If you properly prepare the N.A.R. Extrication Vest before placing it in its carry case you will be able to unpack and use it quickly.

TORSO STRAPS

Fold each torso strap accordian fashion and secure it in its hook-an-loop fastener as follows:

1. Lengthen the strap until only three or four fingerwidths of webbing have not passed backward through the buckle slide.

Figure 43- Turning the buckle under

2. Turn the buckle under, flush against the webbing (Fig. 43).

Figure 44- Making the first fold

3. Make the first fold beneath the buckle (Fig. 44) and continue folding the strap accordian fashion (Fig. 45)

Figure 45- Folding accordian style

4. When all the webbing is folded, secure it in the hook-and-loop fastener (Fig. 46).

Figure 46- Securing the Strap

Make sure to position the folded strap so the fastening strips wrap around it at the location of the buckle release tabs. This will enable you to pull the strap free without tangles, and have the buckle in your hand, in a single motion.

LEG STRAPS

Storing the leg straps as described here will keep them out of the way while sliding the N.A.R. Extrication Vest between the patient and vehicle seat, yet readily available when you want to use them.
Leave the leg straps in their stored position in situations where you choose not to use them (Fig. 47).

Figure 47- Wrapping the Leg Straps

Store both leg straps as follows:

1. Lengthen the leg straps until about six inches of webbing have not passed backward through the buckle slide (Fig. 49)
2. Beginning at the point where the strap is attached to the N.A.R. Extrication Vest, fold the strap down around the bottom edge of the N.A.R. Extrication Vest then up and around the inside of the N.A.R. Extrication Vest (Fig. 48).

Figure 48- Securing the folded strap in the fastener

3. Turn the buckle under to rest flush against the webbing and secure the strap in place by pressing its hook-and-loop fastening strip against a fastening strip on the outside of the N.A.R. Extrication Vest (Fig. 48).

FOLDING PAD

Lay the N.A.R. Extrication Vest flat with the buckles facing upward. Place the folding pad on the center of the N.A.R. Extrication Vest, with one end of the pad at the bottom edge of the N.A.R. Extrication Vest (Fig. 49).

HEAD STRAPS

Press one end of each strap against the hook and loop fastening strips on the head area of the N.A.R. Extrication Vest and lay the straps parallel with the Folding Pad.

Figure 49- Positioning the Folding Pad and Head Straps

TORSO FLAPS

1. Fold the torso flap over the Folding pad, tucking the edge of the flap over the edge of the pad (Fig. 50).
2. Roll the folded portion of the N.A.R. Extrication Vest over the remaining torso flap (Fig. 51) until the center portion of the inside of the N.A.R. Extrication Vest is upward (Fig. 52)
3. Grasp the N.A.R. Extrication Vest to keep it rolled and slide it into the carrying case.

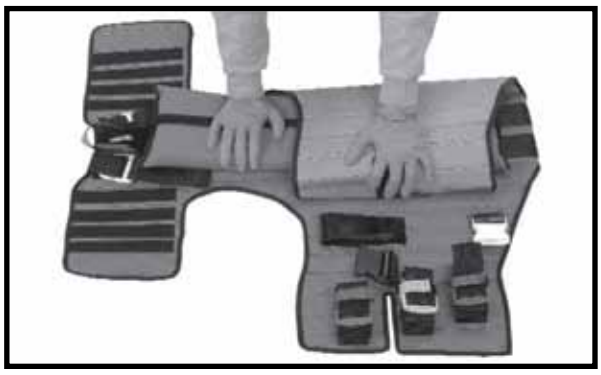


Figure 50- Folding the torso flap

Figure 51- Rolling the N.A.R. Extrication Vest

Figure 52- Ready for the Carry Case

7- MAINTAINING the N.A.R. EXTRICATION VEST

7.1 Cleaning and disinfecting the N.A.R. Extrication Vest

1. Lay all pieces of the N.A.R. Extrication Vest on a clean surface and rinse off with warm water.
2. Lightly scrub the N.A.R. Extrication Vest and Folding Pad with a mild soap solution and medium bristle brush. Wash the head straps with soap solution and a clean sponge.
3. Rinse all pieces with warm water.
4. To disinfect, apply a solution of 2% to 5% chlorine bleach and water.
5. Rinse all pieces with warm water.
6. Allow all pieces to dry completely before returning them to the carrying case.

7.2 Inspecting the N.A.R. Extrication Vest

- ❑ Are all the components present?
- ❑ Is all stitching secure?
- ❑ Are vertical battens (inside N.A.R. Extrication Vest) solid and unbroken?
- ❑ Are torso, leg straps, and lifting handles in good condition?
- ❑ Are buckles free from visible damage and do they operate properly?
- ❑ Are head straps free of excessive wear and is their stitching secure?
- ❑ Is folding pad in good condition?
- ❑ Are Deceleration and take down straps in good condition?

IMPORTANT

Storing a damp or wet N.A.R. Extrication Vest in its carrying case will encourage the growth of mold. Do not return the N.A.R. Extrication Vest to its carry case until it is thoroughly dry.

WARNING

Untrained operators can cause injury or be injured. Permit only trained personnel to apply the N.A.R. Extrication Vest.

Improper use of the N.A.R. Extrication Vest can cause injury. Use the N.A.R. Extrication Vest only for the purposes described in this manual.

Improper maintenance can cause injury. Maintain the N.A.R. Extrication Vest only as described in this manual.

Do not attach equipment or items of any kind to the N.A.R. Extrication Vest as it may cause injury to the patient.

An unrestricted patient can fall off the spineboard or cot and be injured. Use restraints to secure the patient on the spineboard or cot.

An unattended patient can be injured. Stay with the patient at all times.

CE

Explanation of Symbols

Symbol	Explanation
	Manufacturer
EC REP	**European Authorized Representative**
REF	**Catalogue Number**
	Caution, Consult Accompanying Documents

Emergency Products & Research
890 West Main Street
Kent, Oh 44240-2218
+1-330-673-5003

EC REP

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REF PN:50-0022
or www.NARescue.com

CAUTION, CONSULT
ACCOMPANYING DOCUMENTS

For additional User Manuals, Please contact N.A.R. at either of the numbers listed below, contact your N.A.R. Distributer, or download at www.NARescue.com

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